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HEALTH SYSTEM STRENGTHENING COMPONENT ANNUAL REPORT : OCTOBER 2015 – SEPTEMBER 2016

September 2016

This report is a deliverable under contract # AID-685-A-11-00002, Health System Strengthening Component (HSS) of the USAID/Senegal Health Program, 2011-2016

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HEALTH SYSTEM STRENGTHENING COMPONENT: ANNUAL REPORT

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ACRONYMS AND ABBREVIATIONS

AAP	Annual Action Plan
ACA	Association Conseil pour l'Action
AIDS	Acquired Immuno-Deficiency Syndrome
ARD	*Agence Régionale de Développement* / Regional Development Agency
AWP	Annual Work Plan
BTC	Belgian Technical Cooperation
CACMU	*Cellule d'Appui à la Couverture Maladie Universelle* / Support bureau for Universal Health Coverage
CBO	Community-Based Organization
CDD	*Comité Départemental de Développement* / Departmental Committee for Development
CDS	*Comité départemental de suivi* / Departmental Monitoring Committee
CIM	*Comité d'Initiative Mutualiste* / MHO action committee
CNP	*Comité national de Pilotage* / National Steering Committee
CONSAS	National consultations on healthcare and social action
COP	Chief of Party
CRDH	Centre de Recherche pour le Développement Humain
CRS	*Comité régional de suivi* / Regional monitoring committee
CTGP	*Comité Technique et de Gestion du Projet* / Project Management and Technical Committee
DAGE	Department of General Administration and Equipment
DF	Direct financing
FG	Guarantee Fund
DHMT	District Health Management Team
DLSI	*Division de la Lutte contre le SIDA* / AIDS Control Division
DMO	Chief District Medical Officer
DPPD	*Document de Programmation Pluriannuelle des Dépenses* / Multi-year Expenditure Programming Document
DPRS	Department of Planning, Research and Statistics
DSRSE	*Direction de la Santé de Reproduction et de la Santé de l'Enfant* / Department of Reproductive Health and Child Health
EIPS	*Equipe d'Initiative de Politiques de Santé* / Health Policy Initiatives Group
FHI	Family Health International
FNSS	*Fonds National de la Solidarité dans la Santé* / National Solidarity Fund for Healthcare
FY	Fiscal Year
HSS	Health System Strengthening Component
ICP	*Infirmier Chef de Poste* / Chief nursing officer at health post
ISSA	Innovations et Systèmes de Santé en Afrique
JPR	Joint Portfolio Review
JVM	Joint Verification Mission
MHO	Mutual Health Organization
LGU	*Collectivité Locale* / Local Government Unit
MEF	Ministry of Economy and Finance
MIS	Management Information System
MNCH	Maternal, Neonatal and Child Health
MOH	Ministry of Health and Social Action

MTEF	Medium Term Expenditure Framework
NGO	Non-Governmental Organization
ONAMS	*Office national de la mutualité sociale* / National agency for social insurance
ORCAP	*Outil de Renforcement des Capacités par l'Auto-évaluation Participatives* / Capacity development tool through self-assessment
PBF	Performance-based financing
PLWHA	Person Living With HIV/AIDS
PNA	*Pharmacie Nationale d'Approvisionnement* / National medical store
PNDS	*Programme National de Développement Sanitaire* / National Health Development Program
PNFBR	*Programme National du Financement Basé sur les Résultats* / National Program on Performance-Based Financing
PSB	Project Support Bureau
RH	Reproductive Health
RHMT	Regional Health Management Team
RMO	Chief Regional Medical Officer
SDP	Service Delivery Point
SRAS	*Service régional de l'Action Sociale* / Regional bureau for social action
TFP	Technical and Financial Partner
UEMOA	*Union Economique et Monétaire Ouest Africaine* / West African Economic and Monetary Union
URMS	*Union Régionale des Mutuelles de Santé* / Regional federation of mutual health organizations
USAID	United States Agency for International Development
WHO	World Health Organization

1 PROJECT OVERVIEW

1.1 SUMMARY

Component name:	Health System Strengthening (HSS)
Project start date and end date:	October 1, 2011 – September 30, 2016
Name of Implementing Partner:	Abt Associates Inc.
Cooperative Agreement number:	AID-685-A-11-00002
Name of AOR:	Babacar Lo
Name of Subcontractors or Consortium members:	Groupe Innovations et Systèmes de Santé en Afrique (Group ISSA) – Association Conseil pour l'Action (ACA) – Centre de Recherche pour le Développement Humain (CRDH) – Family Health International (FHI360) – PATH – Broad Branch Associates
Geographic focus (per region)	Kolda - Sédhiou - Ziguinchor -Louga - Thiès - Diourbel - Kaolack - Kaffrine - Fatick - Dakar (Departments of Pikine and Rufisque only)
Reporting period:	October 2015-September 2016

1.2 PROJECT DESCRIPTION/INTRODUCTION

The Health System Strengthening (HSS) Component is one of five assistance instruments of USAID/Senegal's 2011-2016 Health Program. The development objective of the Program is an "improved health status of the Senegalese population" and is to be reached through three intermediate results (IR): "Increased use of an integrated package of quality health services" (IR 1); "Improved health seeking and healthy behaviors" (IR 2); and "Improved performance of the health system" (IR 3). The Health System Strengthening Component contributes to achieving these intermediate results in collaboration with four other components of the USAID/Senegal Health Program: (i) health services improvement, (ii) HIV/AIDS and Tuberculosis, (iii) community health, and (iv) health communication and promotion.

The main objective of the HSS Component is to improve the performance of the decentralized (regional and district levels) public health system supported by effective and efficient policies, planning and budgeting at the central level of the Ministry of Health. The HSS Component will contribute specifically to the realization of Intermediate Result 3 through "an improved management of district and regional health teams" (IR 3.1) and an "improved health system performance through development and implementation of national level policies" (IR 3.2).

The HSS Component is divided into four sub-components focusing on key areas for improving health system performance. The "Management and health systems at regional and district levels" sub-component will contribute to improving the effectiveness and quality of healthcare service delivery through improved health governance at the local level, enhanced capacities of regional and health district management teams, and motivation of staff working at health huts, posts and centers to extend the reach of priority healthcare services supported by performance-based financing (PBF) mechanisms. The "Social financing mechanisms" sub-component focuses on increasing access to healthcare for populations in general and vulnerable groups in particular, by reducing financial barriers to healthcare and extending health coverage with the support of

mutual health insurance schemes and government authorities. Finally, sustainable improvements in health system performance are ensured with the creation of an enabling environment to support policy development, enhanced resource allocation for the sector, synergy and alignment of interventions with PNDS 2009-2018 priorities through the sub-components "Policies and reforms" and "Coordination of the Health Program".

The Component intervenes at different levels of the health system. The sub-component "Policies and reforms" focuses on policy dialogue at the central level. The sub-components "Management and health systems at the regional and district levels" and "Social financing mechanisms" intervene at the central, technical and operational levels and activities are conducted in the regions of Dakar (Departments of Pikine and Rufisque only), Diourbel, Fatick, Kaffrine, Kaolack, Kolda, Louga, Sédhiou, Thiès and Ziguinchor. The sub-component "Coordination" intervenes at the level of the USAID Health Program.

USAID/Senegal signed a *cooperative agreement* with Abt Associates to serve as implementing agency of the HSS Component. Abt Associates put up a multi-disciplinary team of Senegalese experts, Senegalese organizations and international sub-contractors with longstanding and valuable experience to implement the HSS Component. In addition to Abt Associates, the HSS team comprises *Groupe Innovations et Systèmes de Santé en Afrique* (Group ISSA), *Association Conseil pour l'Action* (ACA), *Centre de Recherche pour le Développement Humain* (CRDH), Family Health International (FHI), PATH and Broad Branch Associates.

The annual action plan for Year 5 (October 2015 to September 2016) of the H2S Component was prepared taking into account changes in the sector and progress made during first four years of the Component. The annual action plan for Year 5 will continue to set the stage for the HSS Component to seize opportunities offered in order to improve health system performance. The Component will focus on the extension of high impact interventions in the areas of family planning, maternal health and child health by consolidating the use of mechanisms for planning, implementation, management and financing, developed during the first four years as well as lessons learned. The process of empowering institutions and local stakeholders engaged in activities of the Component since Year 1 of the Program (MOH central and decentralized services, local administrations, regional development agencies, local government units, MHOs and their federations) will be continued, to further strengthen the institutionalization and sustainability of activities as well as compliance with family planning and environmental regulations.

The annual report is divided into seven (7) sections. The first section provides an overview of the HSS Component. The second section presents a summary of key results and challenges of Year 5. The third section summarizes accomplishments made in Year 5 per sub-component. Section four discusses how cross-cutting issues are addressed during implementation and Section five recaps lessons learned in Year 5. In Section six, the outlook for the sustainability of the Component's interventions is discussed and Section seven summarizes the financial implementation of the Component. The annual report is supplemented by two attachments: Attachment 1 presents the PMP indicators of the Component and Attachment 2 summarizes the Component's financial report.

2 EXECUTIVE SUMMARY

- **Key results**

Key results achieved by the HSS Component in Year 5 are summarized below. They contribute to the attainment of the USAID Health Program's intermediate results: "An improved management of district and regional health teams" (Intermediate Result 3.1) and "Improved health system performance through development and implementation of national level policies" (Intermediate Result 3.2).

Intermediate Result 3.1 (IR3.1): Improved management of district and regional health teams.

The HSS Component made progress towards reaching IR3.1 of USAID/Senegal's results framework as reflected in the accomplishments of Year 5 which include an improved health system governance at the local level, enhanced capacities in planning, management and monitoring of health interventions, continued implementation of the direct financing mechanism and support for extension of the performance-based financing mechanism.

Health governance. The Component provided support to the Kaffrine, Kaolack and Fatick regions to organize meetings of their health sector stakeholder forums in order to help improve health governance by actors who fully play their roles at the regional and health district levels. Further, the Component assisted in the orientation of district and regional health management teams on the collection, analysis and presentation of data on good governance indicators in the health districts of the ten focus regions for the year 2015.

Capacities in planning, management and monitoring. Several accomplishments were made during Year 5 as part of efforts to strengthen capacities of regions and health districts in planning, management and monitoring of healthcare interventions.

The Component provided support for implementation of the ORCAP tool with the evaluation of 2014 plans and the development of 2016 plans for the medical regions of Kaolack, Kaffrine, Ziguinchor and Sédhiou as well as the evaluation of plans of the health districts of Kaolack, Bignona and Thiès and development of those of Bambey, Touba and Tivaouane.

It also provided assistance for the organization of regional workshops for the quarterly monitoring and assessment of the 2015 AWPs of the regions of Thiès, Diourbel, Dakar, Kaolack, Kaffrine, Fatick, Sédhiou, Kolda and Ziguinchor, the orientation of regional and district health management teams on the revised AWP management guide, the development of health-POCLs of the health districts of Koungheul, Birkelane, Kaffrine, Malem, Gossas, Niakhar, Passy, Fatick and Foundiougne, the development of 2016 AWPs of responsibility centers at the regional level and the 2017 AWP of the PNFBR.

The Component also assisted in the organization of regional and district coordination meetings, joint portfolio reviews at the regional level, supervision of health districts by regional health management teams (RHMT), supervision of the financial and assets management of medical regions and health districts, retraining of managers, stock accounting officers and planning officers, finalization of 2014 financial reports of medical regions, preparation of 2015 financial reports, and the convening of a training workshop for MOH stock accounting officers.

Direct financing. Efforts to monitor implementation of DF activities were enhanced and performances improved during Year 5. The Component provided support for the signing of 2016 Implementation Letters, financial monitoring of DF activities in the medical region and health districts of Kolda, supervision of health districts and the medical region by ECRs on DF implementation in the 6 regions, validation of milestones and payment of Q3 and Q4 for 2015 as well as the validation of milestones for 2016. It also provided support for the first CRV meeting in relation to the Kaffrine medical region's FARA and meetings of the DF internal

monitoring committee in Dakar. A mission was conducted by the DF Adviser to Kolda (medical region and health districts) and to Diourbel (medical region and health districts) to monitor implementation of specific plans on the utilization of 2014 unexpended funds. An assessment was also conducted on the implementation of direct financing.

Performance-based financing. Implementation of the performance-based financing (PBF) initiative in Year 5 was marked by its extension to the four new regions of Kédougou, Tambacounda, Sédhiou and Ziguinchor with the financial support of the World Bank and USAID. The Component provided the national PBF program (PNFBR) with support for the verification, reconciliation and validation of data relating to performances in the first half of 2015 for the Kaffrine and Kolda regions and the second half of 2015 for the Kaffrine Sédhiou, Ziguinchor, Tambacounda and Kédougou regions. It also helped in the supervision of 49 out of the 53 PBF beneficiaries in the Kolda region, the recruitment of CBOs in charge of conducting the PBF household survey, training of members of the PBF independent verification agencies (AVI), installation of PBF regional focal points in Kolda, Sédhiou, Ziguinchor and Kaffrine, convening of CRD meetings on PBF in Sédhiou and Ziguinchor, training of CRG members in the three regions and of the six selected CBOs, and revision of the PBF procedures manual. Support was also provided to an R4D mission on the mobile phone approach for the payment of PBF bonuses in the Kaffrine and Kolda regions.

Intermediate Result 3.2 (IR 3.2): Improved health system performance through development and implementation of national level policies.

The HSS Component progressed towards achieving IR 3.2 of USAID/Senegal's results framework through accomplishments made in the following three sub-components: (i) Social financing mechanisms, (ii) health policies and reforms, and (iii) coordination of the USAID/Senegal Health Program.

Social financing mechanisms. The HSS component continued its support at the strategic, technical and operational levels to increase access to healthcare services and financial protection of populations in the area of healthcare.

At the strategic level, the Component assisted the UHC Agency in the signing of financing agreements with regional/departmental federations, in providing support to regional/departmental federations to prepare their requests for subsidies, advocating for the effective mobilization of partial and targeted subsidies for MHOs for FY2015, organizing a workshop to discuss the allocation of subsidies between MHOs and MHO federations, recruiting five national directors, organizing a workshop to discuss the 2016 AWP and prepare the 2017 AWP, and revising the PSD-CMU (2013-2017).

At the technical level, the Component provided support for the revision of the training manual on the characteristics and setting up of an MHO and the training manual on MHO administrative and financial management procedures. It also supported the training/retraining of a pool of 79 trainers on UHC and MHOs as well as about sixty (60) trainers and MHO administrators and managers on the administrative and financial management of an MHO.

At the operational level, the Component, through regional bureaus, continued to provide support to strengthen the management capacities of MHOs, conduct awareness-raising and premium collection campaigns, organize meetings of the various organs of MHOs and MHO federations, collect quarterly data relating to MHOs and organize knowledge sharing workshops, monitor implementation of agreements with providers, equip MHOs with management tools and aids (membership booklets, medical certificates, purchase orders, premium payment receipts), and collect quarterly data on activities of MHOs.

In the 12 targeted departments, 115 MHO action committees (CIM) and 35 MHO restructuring committees (CREM) were established and 6,750 members of CIM/CREMs trained including 44% of women.

The Component continued its support for the implementation of the CMV+ (formerly PLWHA) strategy in the Kaolack, Kolda, Ziguinchor and Sédhiou regions in collaboration with FHI360. The Component also provided support during Year 5 to other local initiatives in focus regions providing healthcare coverage to poor people and vulnerable groups sponsored by philanthropists. It also assisted in the enrolment of family welfare grant recipients in MHOs.
In addition to the implementation of free healthcare initiatives for under-fives, child births, caesarean deliveries, and elderly persons over 60 years, these various additional initiatives carried out with the Government's financial support, contribute to facilitating access to basic healthcare for the most vulnerable categories of the population. A total of 706,109 persons were enrolled in community-based MHOs as at the end of June 2016. Among these beneficiaries, 191,883 i.e. 27%, are vulnerable persons. There is a total of 179,624 family welfare grant recipients and their premiums are paid in full by the Government.

Policies and reforms. The HSS Component supported efforts to strengthen capacities of central MOH services in developing and implementing health reform policies.

It hence helped to finalize 2014 financial reports and prepare 2015 financial reports of medical regions as well as prepare the budget implementation report of the DAGE for the third and fourth quarters of 2015 and the first quarter of 2016, the 2015 DPPD preliminary performance report and the final report on the national budget allocation criteria.

The Component also provided support for the revision of MOH planning tools, evaluation of the "PRA mobile" and "Jegesi Naa[1]" strategies, finalization of the therapeutic equivalences register, the procedures manual for projects managed by DGS and the national health promotion strategic plan of SNEIPS, organization of workshops to discuss the national community health strategic plan, the 3rd phase of the Decentralization Act, UHC, the health map, healthcare planning and health governance indicators. The evaluation report of the "PRA mobile" and "Jegesi Naa" strategies was validated, the draft decree on the 2016-2020 health map introduced in the circuit for approval, and standards identified in the health map shared with regions (11 out of 14 CRD meetings organized) with the support of the Component.

Further, the Component provided assistance to the Network of Parliamentarians on Population and Development in the organization of regional foras and a preparatory meeting at the National Assembly for the institutionalization of a national day against maternal mortality.

Coordination. Coordination of interventions of the USAID Health Program continued at the central level with the preparation of the health program's integrated action plan (PAI 2016), the convening of inter-agency meetings on a regular basis, the implementation of synergy action plans between agencies, and preparation of activities for the closing-out of the 2011-2016 Health Program. The Component also participated in meetings of the Steering Committee of the USAID/Senegal Health Program.

At the regional level, the Health Program's regional bureaus organized their weekly coordination and monitoring meetings, quarterly coordination meetings with medical regions in their respective intervention zones, and participated in coordination meetings of medical regions and health districts.

The Component also organized its monthly coordination meetings, prepared the annual report for Year 4 and all quarterly reports for Year 5. It delivered its end-of-project documents with the support of Abt head office.

- **Key Challenges**

Several challenges in the various areas of intervention were faced in Year 5 by the HSS Component. Most of these challenges were addressed during this final year of the Program.

[1] Wolof term meaning "I have come closer".

In the area of governance, challenges to consolidate achievements were related to the functioning of health sector stakeholder forums and the revision of the health governance guide. The study scheduled by the Component for a better understanding of the irregular holding of meetings of health sector stakeholder forums could not be conducted.

In respect of administrative and financial management, challenges relate to the need for qualified staff at medical regions and health districts and the harmonization of management tools utilized to facilitate registrations, reporting and financial analyses. Monitoring should be continued.

With regard to direct financing, the key challenge of documenting experiences in beneficiary regions was addressed with the conduct of direct financing evaluation exercise.

Concerning performance-based financing, significant efforts were made to reduce the delay in the transmission of quarterly performance reports and payment requests, however delays in data verification is still an issue.

Regarding social financing mechanisms, the key challenge of extending UHC to the informal and rural sectors was addressed following the commencement of activities of the UHC Agency and the mobilization of subsidies for 2015. However, the challenge of ensuring the functioning of the UHC Steering Committee and its various commissions still remains to be addressed in order to further involve other ministries and stakeholders in the strategic management of UHC. MHOs were set up or restructured in all local government units in the 12 demonstration departments and the enrolment of family welfare grant recipients in MHOs continued.

The key challenge in the area of policies and reforms for FY 2016 is the entry into effect of the DPPD in January 2017 which requires adapting the planning cycle, the DPPD structure and MOH planning tools as well as the development of resource allocation criteria. The annual operational planning guide of the MOH was revised and criteria developed under the leadership of the DAGE and the assistance of Groupe ISSA.

Regarding monitoring, the database was updated to the month of May. Data relating to the month of June will be recorded as they become available.

3 ACHIEVEMENTS OF THE YEAR

3.1 Achievements of sub-component A

3.1.1 Key results

- **GOVERNANCE AND LEADERSHIP**

During Year 5, the three regional bureaus of the HSS Component provided support for the collection and presentation of good governance indicators for 2015. In this regard, RHMT/DHMTs were provided guidance on how to gather and analyze data and templates for summarizing district and regional level data sent to medical regions and health districts. Summaries of results were shared with responsibility centers. With regard to the milestone "*Consultation forums (Health-TFPs-Local governments and other health sector stakeholders*) *are functional in ten (10) regions*", out of the eight (8) consultation forums established in Year 2, only the regions of Kaffrine, Kaolack and Fatick could convene at least one quarterly meeting.

- **CAPACITIES OF MEDICAL REGIONS AND HEALTH DISTRICTS IN PLANNING, MANAGEMENT AND MONITORING**

ORCAP implementation. For Year 5, implementation of the ORCAP tool was only planned in the medical regions of Dakar, Thiès, Kaolack, Fatick, Kaffrine, Ziguinchor and Sédhiou and the health districts of Thiès, Tivaouane, Nioro, Médina Yéro Foula and Bignona. However, the health districts of Touba and Bambey were included after they expressed their desire to apply the tool within the context of the direct financing mechanism. The Component helped the health districts of Bambey, Touba and Tivaouane to implement the ORCAP tool by providing training on the tool for 52 health workers, 8 health committee members, 6 local government units and members of MHO departmental federations and CSOs. The three health districts prepared their ORCAP action plans and 3 committees were established to monitor the plans.

Workshops were organized to assess 2014 plans and to prepare 2016 plans for the Kaolack, Kaffrine, Ziguinchor and Sédhiou medical regions and the health district of Thiès. The 2016 action plan for the health district of Bignona was prepared even though that of 2014 was never finalized. It is worth noting that in addition to the health district of Médina Yoro Foula which prepared its 2016 ORCAP plan in September 2015, only the Kaolack health district and medical region prepared their ORCAP plans prior to submitting their 2016 AWPs in compliance with the recommendations of the DPPD.

Support for the orientation of RHMTs and DHMTs on the revised AWP management guide. Regional bureaus provided support during regional orientation workshops for RHMTs and DHMTs on the new AWP template. These workshops allowed participants to discuss public finance reforms, amended programs, new directives and planning tools, the stabilization of output indicators and compliance with the planning cycle. Recommendations were also made to improve the new AWP data entry form and emphasis laid on ensuring compliance with the timetable set for the evaluation of AWPs, preparation of POCLs and their consolidation at the health district level, preparation of AWPs, consolidation at the regional level and transmission of AWPs to the DPRS.

Support to develop health POCLs. During Year 5, regional bureaus provided support for the preparation of 2017 health POCLs as well as the consolidation of health POCLs in health districts in the Kaffrine, Fatick and Kolda regions. Consolidation workshops were an opportunity to remind participants of the POCL process, evaluate 2015 health POCLs, consolidate 2016 health POCLs and make provisions for 2017. The health POCL template was updated in connection with the revision of the DPPD framework.

Support for the preparation of AWPs. In focus regions of the Component, regional bureaus provided support during the preparation of 2017 AWPs of responsibility centers of medical regions as well as AWP validation and consolidation workshops with the technical assistance of the DPRS. This support included, inter alia, reformulation of activities, budgeting and completion of the other parts of the revised AWP template which address the concerns of Social Action in the AWP of health districts.

Support to monitor AWPs of medical regions and health districts. This year, the Component provided support for the organization of regional workshops to evaluate 2015 AWPs of all focus regions. These workshops were attended by representatives of local governments, health committees, regional federations of MHOs, RHMT/DHMTs, EPS' and TFPs. They provided the opportunity to discuss performances, consolidate 2016 AWPs and renew certain activities which were not implemented in 2015.

A satisfactory rate of implementation of 2015 AWPs was noted overall. This rate was even higher than 80% pour in most health districts except in the Louga region. However, the consistency of data was not always reliable due to failure to use the Excel template for evaluation. Results obtained were related to the recruitment of community-based workers by health committees and the high level of contributions from partners.

Recommendations were made for a greater involvement of elected officials, the designation of focal points for "AWP monitoring" in each health district and EPS as well as increased efforts by local government units and health committees in health financing and the role of the healthcare provider in restoring the effectiveness of collaboration ties between elected officials, the community and healthcare providers. The holding of AWP monitoring meetings on a regular basis by health districts and EPS' before the 10th of the month following the end of the quarter as well as the transmission of the monitoring report to the medical region and the organization by the medical region of the quarterly AWP monitoring meeting before the 15th of the month following the end of the quarter were also recommended.

Monitoring of 2016 AWPs was also conducted for the first quarter in some health districts. The rate of implementation of AWPs is higher than 80% in most responsibility centers in Diourbel and Thiès but stands at 37% only in Kolda as a result of the LLIN campaign.

A satisfactory rate of implementation of work plans was noted with more than half of the health districts recording an implementation rate higher than 80%. A significant progress was also noted in indicators relating to RH, EPI and FP, particularly in regions under DF and PBF.

Organization of training/recycling workshops on financial management and stock accounting. With the support of regional bureaus, managers of medical regions were trained to effectively control how accounting operations are entered into the Excel template of the financial management system. Monitoring of the budget, financing sources, bank transactions and imprest accounts were also discussed as well as the quality and filing of supporting documents, bank reconciliation and the preparation of financial reports based on the Excel template. The Component also provided assistance to the DAGE for the training of sixteen (16) employees of MHO services and divisions on stock accounting. The Management adviser at the Kolda regional bureau contributed to the training of nine (9) members of the GIE (Economic Interest Group) established by persons with disabilities in Niaming (health district of Médina Yéro Foula) on administrative and financial management as well as on project management.

Quarterly meetings between managers of medical regions and health districts. These meetings focused on checks on DF supporting documents of responsibility centers by reviewing the completion of vouchers, verifying compliance and completeness of supporting documents, reviewing the filing system and annual stock-taking. Financial management and stock accounting systems were also discussed, in particular, ensuring that financial transactions are recorded on the relevant documents in compliance with rules and procedures explained during training sessions. Managers of responsibility centers were helped to prepare their 2015 financial reports under the direct financing mechanism.

Monitoring financial management and stock accounting in medical regions. Additional data was obtained to finalize 2014 annual financial reports of regions and prepare 2015 financial reports. Plans for the utilization of unexpended DF 2014 funds were effectively monitored as well as the manner in which accounting documents were maintained. The rate of implementation of 2015 DF action plans of health districts and medical regions were also assessed.
Furthermore, managers and stock accounting officers in the Ziguinchor, Kolda and Sédhiou regions were provided assistance to codify materials and prepare reports on the identification of materials and the entry balance for FY 2016. In Kaolack, Kaffrine and Fatick, stock accounting documents and their utilization were also assessed.

Annual joint reviews and coordination meetings at the regional level. Assistance was provided by regional bureaus for the organization of joint portfolio reviews in the Kolda, Ziguinchor, Fatick, Kaffrine, Kaolack, Dakar, Diourbel, Thiès and Kédougou regions. Performances of 2015 were presented and discussed and recommendations made.

Coordination meetings of the Sédhiou, Ziguinchor, Kaolack, Kaffrine, Fatick, Diourbel, Thiès, Dakar, Kédougou, Matam and Tambacounda medical regions as well as the Bounkiling, Diouloulou and Kolda health districts were supported by regional bureaus. These meetings were an opportunity to assess the implementation of priority programs, the RH score card, data entry in the DHIS2 and the implementation of the LLIN campaign. Performance reports were rectified, requests for payment of PBF bonuses prepared, the financial management system of medical regions and health districts shared, and quarterly data on the prevention of TB and malaria reviewed. Presentations were also made on the results of the HIV, PMTCT, home-based care workers, RH and EPI integrated supervision activity, the status of activities conducted in the first quarter of 2016, the summary of 2015 financial reports of medical regions and health districts and the status of implementation of 2016 DF activities in regions concerned. Quarterly work plans of various responsibility centers were also monitored at these meetings as well as the implementation of recommendations made at previous meetings. Discussions were held on issues relating to routine Vitamin A supplementation, the inadequacy of the integrated supervision of health districts by medical regions and of the community level by ICPs, the convening of coordination meetings at health posts, stock-outs of drugs at SDPs, flat-rate pricing, reactivation of certain MHOs and the close-out of the 2011-2016 health program.

Support for the supervision of health districts by RHMTs. During Year 5, medical regions in the HSS Component's intervention zone received financial and technical support for the supervision of health districts. Implementation of MOH priority programs were hence assessed in nine (09) districts and 147 SDPs in the Thiès region, four (4) districts, 3 EPS and 92 SDPs in the Diourbel region, five (5) districts in the Dakar region and the four (4) districts of the Kaffrine medical region. Emphasis was specifically placed on the management of health districts, management of programs (malaria, UHC, TB, HIV, EPI, Nutrition, CDV) and warehouses as well as on community health.

Assistance was also provided through DF for supervision of the implementation of the package of community-based RH activities in the Diourbel and Thiès regions. It focused on OIP for 220 health huts, management of HPP for 110 huts and Dépo IM for 148 huts. The technical knowledge and skills of ASC/Matrons were hence assessed and the availability of inputs verified as well as the manner in which management tools were kept.

The Kaolack regional bureau also participated in the joint supervision mission on the health information system (HIS) in Matam. This mission was able to assess the quality and utilization of health data at SDPs, health districts and medical regions. Recommendations were made for the systematic and regular utilization of the DHIS2 platform and of information generated.

- **IMPLEMENTATION OF DIRECT FINANCING**

The Kaolack, Thiès and Kolda regions were the first to commence implementation of direct financing activities in 2013 followed by the Diourbel, Sédhiou and Ziguinchor regions in 2014 and an assessment of the mechanism conducted in 2015. DF monitoring and performances have again improved during this third year of implementation and a final evaluation was conducted.

Monitoring of Direct Financing activities. In addition to monitoring activities carried out by the medical regions of Thiès, Kaolack, Diourbel, Kolda, Sédhiou and Ziguinchor with the support of regional bureaus, the DF national adviser conducted specific missions and the Component organized periodic meetings of the DF monitoring committee. The DF Steering Committee also met during the period.

Activities of medical regions enabled, inter alia, to assess the availability and quality of deliverables for Q3 and Q4 of 2015 as well as for 2016, assess the rate of implementation of action plans relating to 2014 DF unexpended funds, monitor the financial management of DF activities, and prepare quarterly DF financial reports of medical regions and health districts. Support was also provided to prepare annual stock accounting reports of different responsibility centers, a deliverable for the fourth quarter of 2015.

A satisfactory rate of implementation of action plans relating to 2014 balances was noted as well as improvement in the utilization of management tools and in the quality and filing of supporting documents, and the timely production of financial reports. Nonetheless, errors were identified in the charging of expenditures in the 2015 DF action plan and the 2014 balance as well as the issuing of one check for several activities, and failure to systematically return remaining funds, justify the repayment of funds, conduct bank reconciliation or prepare activity reports. Recommendations were made each time.

The trip made by the DF national adviser to the Kolda region helped to determine the financial situation regarding the DF balance for 2015 and 2014 as well as the 2016 DF budget.

The Component also organized periodic meetings of the DF monitoring committee which discussed the status of implementation of 2015 DF activities, the utilization of 2014 unexpended funds, preparation of DF ILs for 2016, progress made in the implementation of 2015 DF activities, 2016 CRVs, close-out of 2015 and 2016 ILs, the 2015 DF report and the final evaluation of the DF mechanism. The Component also provided support to the DAGE for DF monitoring in the Kaffrine region. The meeting of the DF Steering Committee was organized to validate the evaluation report. The findings of this report were shared and discussed at this meeting and key recommendations made. The report was validated subject to the incorporation of observations made and subsequently finalized and submitted to USAID.

Operation of CRVs. Regional bureaus participated in meetings to validate milestones for Q3 and Q4 of 2015 as well as in CRV meetings 0, 1 and 2 in 2016. At these meetings, held each quarter under the chairmanship of governors or their deputies, deliverables prepared by medical regions were verified, milestones validated and payment requests prepared for transmission to the COP of the HSS Component. On occasion, milestones were validated subject to certain conditions or deferred to the following quarter. Performance monitoring plans were prepared by certain CRVs as well as action plans for each responsibility center. CRV meetings also helped to identify obstacles and formulate recommendations, in particular on complying with timeframes for the organization of such meetings. Unexpended funds from 2014 and 2015 were in some cases utilized for payment of Q1 of 2016.All milestones were paid before the end of June.

An orientation/retraining workshop was organized in Kolda for the different DF stakeholders (13 RHMT/DHMT members and 5 CRV members) on the direct financing harmonized management procedures and tools.

Performance levels of 2016 Implementation Letters. In collaboration with regional bureaus, medical regions organized annual reviews of DF implementation for 2015. DF performances in 2015 were presented revealing activity and financial implementation rates higher than 80% in all regions. DF contributions to improving RH and health governance indicators were also noted. Periodic monitoring by medical regions and

regional bureaus, enhanced resource mobilization, the quality of reporting and filing of supporting documents were identified as factors contributing to the success of the mechanism. However, overlapping activities due to conflicts in the schedules of the central level, medical regions and health districts as well as inadequacies in the timely transmission of deliverables were indeed drawbacks.

Final evaluation of the direct financing mechanism. The external evaluation of the DF mechanism was entrusted by the Component to a team of experts. The general objective of the evaluation was to assess the design and implementation of DF in the six focus regions. To this effect, specific objectives were determined, including: (i) assess the relevance and comprehension of the Direct Financing mechanism in the institutional framework of health interventions at the regional and local levels; (ii) analyze the contribution of Direct Financing in strengthening decentralization and the empowerment of regional and district health management teams; (iii) review the effects of Direct Financing on strengthening the support activities of medical regions and health districts and coverage of priority health interventions; (iv) assess the contribution of Direct Financing in strengthening the accountability and reporting capabilities of regional and district health management teams. Findings led to the formulation of recommendations to the MOH, USAID, implementing agencies, CRVs and responsibility centers of regions concerned (see box).

Box A I. Final evaluation of the direct financing mechanism Recommendations

- **To the MOH**
  1. Accelerate the reform on the conversion of medical regions into regional health directorates in order to enhance management capacities at the regional level;
  2. Improve the functioning of direct financing steering and monitoring organs at the central and local levels;
  3. Support the articulation between regional and central level planning;
  4. Increase staff levels in medical regions and limit transfers of trained employees;
  5. Support decentralization efforts to ensure that local government units fully play their roles and revise the Order establishing CRVs to include local government units.
- **To USAID**
  1. Continue and increase DF resources to consolidate the numerous achievements;
  2. Extend the direct financing mechanism to other regions to avoid contributing to greater disparities which already e between regions;
  3. Support efforts to capitalize on achievements and promote their dissemination to other partners;
  4. Enhance the empowerment of stakeholders (expand eligible activities) as well as the monitoring and evaluation an control systems;
  5. Initiate discussions on sustainability and the gradual withdrawal from sufficiently well-performing regions.
- **To Implementing agencies**
  1. Enhance skills transfer in support of responsibility centers;
  2. Enhance monitoring-evaluation and control systems in terms of organization, methods and tools;
  3. Support improved planning and management to ensure that empowerment is not achieved at the expense of natio priorities and that of donors;
  4. Align contractual objectives with those of intervention regions to achieve synergy and economies of scale.
- **To CRVs and responsibility centers**
  1. Improve the selection of AWP activities and their implementation focusing in priority on addressing the healthcare needs of the populations;
  2. Expand DF governance, management and control instruments to include local government units and health committees;
  3. Encourage ownership and internalization of DF added values: planning, periodic review, filing, enhanced reporting, performance contracts, performance-based management;
  4. Continue capacity building and improve planning to reduce the level of unplanned activities and the non-realization planned activities;

5. Improve control instruments, methods and tools and plan audits;
6. Disseminate certain DF best practices.

Source: Equipe Concept, 2016. "Final Report on the Evaluation of the Direct Financing Mechanism of the USAID/Senegal 2011-2016 Healt Program".

- **PERFORMANCE-BASED FINANCING MECHANISMS**

The Component continued its "**Support to implement PBF**" through several activities in the Kaffrine and Kolda regions as well as in four new regions.

Installation of PBF regional focal points. As part of efforts to extend the PBF program and for an enhanced management at the regional level, the Component provided support for the installation of regional focal points who were recruited through World Bank funding. In each region visited, a meeting was held with the Chief regional medical officer in presence of the new focal point. During these meetings, the recruitment of regional focal points was presented as a means of strengthening the role of the region in PBF implementation. All chief regional medical officers applauded the initiative and thanked the partners, but voiced their concern at the delays noted in the implementation of the program. Meetings with RMOs were an opportunity to schedule a certain number of urgent activities including the convening of CRD meetings in Sédhiou and Ziguinchor, the establishment of the CRG of Ziguinchor, the call for applicants for the selection of CBOs, training of CRGs and CBOs, and data verification and validation. Meetings were also held with governors and courtesy visits paid to other heads of departments.

Workshop to prepare the 2017 AWP of the PNFBR and consolidate the 2016 AWP. HSS advisers in Kaolack and Kolda participated in this workshop held from 22 to 26 February 2016 in Thiès. The newly recruited PBF focal points were introduced as well as the independent verification agencies in charge of verifying PBF data. Tender documents for the recruitment of CBOs in charge of household surveys were shared and recommendations made.

Training of members of the PBF independent verification agencies. Following the recruitment of these agencies, a workshop was held in Mbour from 16 to 17 March 2016 and was attended by the PNFBR, TFPs (World Bank and USAID), CRGs, CBOs, DMOs from PBF regions, PBF regional focal points and the HSS advisers from the Kaolack and Kolda regional bureaus. Participants were provided with general information on PBF, the PBF cycle, the definition of health indicators monitored by the PNFBR, quality checklists for health posts and health huts as well as on the method and procedures for verifying PBF data. Recommendations were made and the next steps determined. Extensive discussions were held on the relevance of certain indicators, quality checklists and the verification procedure. These issues will be taken into consideration during the revision of the PBF procedures manual.

Revision of the PBF procedures manual. The general objective of the national workshop held from 9 to 13 May 2016 in Saly, Mbour was to revise the procedures manual with all stakeholders with the aim of adapting it to the new PBF context. Members of the PNFBR, MOH program managers, DMOs, representatives of the PFSN, USAID, CRGs, the CLM and independent verification agencies attended this workshop chaired by the Chief regional medical officer of Kolda on behalf of the DGS. The workshop focused on: (i) PBF performance contracts and the set of indicators, (ii) transmission of information, verification and payment, (iii) the PNFBR organizational chart, reviews and revisions, and the PBF website. Following presentations and discussions, consensus was reached on the need to maintain the fundamental aspects of the manual until the second phase of extension so as not to skew the evaluation planned at the end of the first phase. Nonetheless, amendments in the definition of certain concepts were necessary to ensure compliance, as much as possible, with program standards, as well as the consideration of PNFBR

contextual priorities. Key recommendations include training of CRGs in intervention regions, consolidation of the revised manual, capitalization of the pilot project, finalization of the EPS quality checklist and support for verification by independent agencies in the Component's intervention regions.

Support to PBF data verification missions. Two verification missions were carried out in Year 5. The first covered the second quarter of 2015 in the Kolda and Kaffrine regions. Since the independent verification agency was yet to be operational, the CRGs of Kaffrine and Kolda conducted a cross-verification with the technical and financial support of the Component. Verification focused on performance reports and the quality checklist of targeted health facilities. The EPS, 14 health posts, 3 health huts, 3 DHMTs and the RHMT were visited in Kolda. The RHMT, 4 DHMTs, 3 health huts and 19 health posts were visited in Kaffrine. The key recommendation was the systematic supervision of beneficiaries by the medical region and health districts of Kolda to ensure sustainability and ownership of the approach.

The second verification mission was conducted by the independent verification agencies with the support of the Component. This mission covered 2016 third and fourth quarter data for the Kaffrine, Kolda, Sédhiou, Tambacounda, Kédougou and Ziguinchor regions. The scope of work and verification tools were shared with beneficiaries visited (health post, health hut, EPS1, DHMT and RHMT). Verification teams reviewed the quality checklist and quantitative indicators selected then shared the results with beneficiaries. Recommendations were made to organize refresher courses for those in charge of verifications prior to the next exercise, ensure a more constant presence of the supervision team and follow-up on data reconciliation meetings.

Meeting on PBF data reconciliation. Meetings were held in Kaffrine and Kolda covering the second quarter of 2015. Performance reports and quality checklists of health facilities were analyzed and validated as well as reports of verification missions and CBOs in charge of conducting household surveys, and payment requests of beneficiaries. Payment requests and final reconciliation reports were sent to the PNFBR for approval and payment of bonuses.

Supervision of PBF beneficiaries. This was conducted in the health districts of Vélingara, Kolda and MYF. Out of 53 PBF beneficiaries in the three health districts, 49 were supervised, i.e. 92.5%. A significant improvement in performances was noted in the three districts as well as enhanced quality of services. Recommendations made relate to the organization of the PBF review, compliance with the allocation key of PBF bonuses and its harmonization in all districts, archiving of supporting documents of operating expenses, completion of payment forms, involvement of health committees in the management of operating expenses, and inclusion of action plans in the set of PBF reports to be submitted each quarter.

Recruitment and training of CBOs in charge of PBF household surveys. The CRGs of Kaffrine, Tambacounda and Kédougou were provided with support for the selection of CBOs. In Kaffrine, "Bokk Xalat" was selected to cover the health districts of Kaffrine and Birkelane, and "Pencum Bambouck" the health districts of Malem Hoddar and Koungheul. In Tambacounda, the CBO "Collectif d'Assistance Technique à l'Education en Afrique (CATEA)" was selected for the health districts of Bakel and Makacolibantang, and the NGO "La Lumière" for the health district of Kidira and the EPS of Tambacounda. In Kédougou the CBO "Association des agents de la santé de Salémata" was selected for the health district of Salémata.

CBOs in Tambacounda and Kédougou attended a training session on the community-based PBF verification process. The PBF context, objectives, indicators and implementation cycle were briefly presented. Verification tools and communication strategies at the community level were shared and a practical exercise organized on the ground to assess the degree of assimilation of content learned.

However, data entry operators of CBOs were not trained on the computer-based template and this may delay the production of reports by CBOs. It was hence recommended that the independent verification agency and the PNFBR take the necessary measures to ensure the training of data entry operators and the installation of templates in regions concerned.

Training of CRGs in Kaffrine, Tambacounda, Kédougou, Ziguinchor and Sédhiou. CRG members were trained on PBF and data reconciliation procedures. Verification tools, deadlines, reconciliation techniques and possible penalties were discussed. Sharing of best practices regarding data reconciliation meetings for certain regions and a practical exercise on the ground for others helped to better understand difficulties and constraints in terms of implementation. Recommendations and next steps include the briefing of CRG members who could not attend training, finalization and sharing of the training report with CRG members, inclusion of PBF on the agenda items of coordination meetings of health districts, medical regions and ARDs and community meetings with NGOs and local actors, preparation of verification missions for the third and fourth quarters of 2015, and training by independent verification agencies of CBOs in charge of conducting household surveys and CRGs on the utilization of the PBF website.

CRGs were also trained on procurement procedures for the selection of CBOs in charge of conducting household surveys. Standard bidding documents for the recruitment of CBOs in charge of household surveys were presented. Public procurement procedures of the World Bank health and nutrition project were shared. Recommendations were made and the next steps determined.

Support to the R4D/USAID mission. Payment of PBF bonuses through mobile phones was envisioned in the Kaffrine and Kolda regions. To this effect, an assessment of mobile payment platforms available was made and the advantages and disadvantages of each identified in the Malem Hoddar, MYF, Vélingara and Kolda health districts. A questionnaire was also administered to RMOs in these two regions and it was found that there were delays in the payment of PBF bonuses, lack of information on and failure to notify beneficiaries of transfers made to their PBF accounts, and failure to file supporting documents. Payments through mobile phones could help address the issue regarding the notification of the date of transfer and amounts transferred to beneficiaries and thus enhance monitoring by health committees of the utilization of PBF bonuses. However, this carries the risk of misappropriation of funds by beneficiaries in addition to issues of accessibility of money transfer services. The evaluation report was shared.

3.1.2 Implementation analysis

Considerable progress was made during Year 5 towards reaching milestones for the three activity areas under the sub-component "Management of the health system at the local level". However, certain milestones are yet to be reached. The organization of refreshing training workshops on health governance and the development of the training guide on leadership are yet to be conducted. The functioning of health sector stakeholder forums is barely satisfactory and the planned evaluation was not carried out.

Implementation and monitoring of the ORCAP tool was effective in the seven regions and seven health districts despite difficulties in scheduling. Effective progress has been made in strengthening capacities in planning, management and monitoring at the regional and health district levels. All planned activities have been implemented except for the refresher course on administrative and financial management in the Dakar, Kaffrine and Ziguinchor regions. Medical regions were provided with support to prepare their AWPs as well as to organize annual joint portfolio reviews and coordination meetings, and to prepare their annual financial reports.

DF implementation was effectively monitored in the six regions and all validated milestones paid. The evaluation was conducted and the report shared. Regarding PBF, the organization of regional semi-annual reviews and the national annual review were not carried out as well as the maintenance of the website. Implementation however continued with key activities such as verifications, reconciliations and supervisions.

3.1.3 Challenges, Opportunities and Prospects

Most challenges were addressed during this fifth year other than the functioning of health sector stakeholder forums, the revision of the health governance guide and the payment of PBF bonuses. The Component had planned a study on the functioning of health sector stakeholder forums but was not able to carry it out.

Regarding the payment of PBF bonuses, considerable efforts were made but delays in the verification of data could not be absorbed and data reconciliation was not performed for the most recent verification conducted. Continued implementation under the PFSN should help address this issue.

3.2 Achievements of sub-component B

3.2.1 Key results

- **INCENTIVE-BASED SUPPORT FRAMEWORKS.**

As part of efforts to advance towards the "establishment of an incentive-based framework to improve financial access to healthcare supported by risk-pooling mechanisms", the Component continued to assist the MOH in the establishment of an institutional and financial framework to implement UHC, strengthen regulations and build the technical capacities of stakeholders.

Assistance for the establishment of a UHC regulatory and institutional support framework. The Component consolidated achievements made during the fourth quarter of the previous year. It thus assisted the UHC Agency in the signing of financing agreements with regional/departmental federations and in providing support to regional/departmental federations to prepare their requests for subsidies. It also helped in the recruitment of national directors and head of division at the UHC Agency as well as in advocacy efforts for the effective mobilization of partial and targeted subsidies for MHOs for FY2015 and the organization of a workshop to reflect on the allocation of subsidies between MHOs and MHO federations. The UHC Agency also received support for the organization of a workshop to share the 2016 AWP and prepare the 2017 AWP as well as to revise the PSD-CMU (2013-2017).

A ceremony was organized on 4 November 2015 for the signing of financing agreements between the UHC Agency and regional/departmental MHO federations. It was co-chaired by the General Delegate for Social Protection and National Solidarity and the Director General of the UHC Agency. Four agreements were signed at this symbolic event between the UHC Agency and the departmental federations of Goudomp, Matam, Kaffrine and Mbacké.

Partial subsidies were mobilized for FY2015 in the amount of 234 267 227 CFA francs for the Fatick, Diourbel, Louga, Kaolack and Matam regions, the Department of Goudomp (2014 and 2015 subsidies) and the Koungheul departmental MHO federation. In terms of targeted subsidies, the amount of 371 237 000 CFA francs was mobilized to provide coverage for 162 861 family welfare grant recipients through MHOs for the last quarter of 2015. The Diourbel, Ziguinchor, Kaffrine, Fatick, Sédhiou, Thiès and Kolda regions and the departmental MHO federations of Foundioune and Koungheul are the beneficiaries of these subsidies.
The workshop organized by the UHC Agency to discuss the 2016 AWP and prepare the 2017 AWP was an opportunity to also plan 2016 priority activities for each technical department and determine strategic guidelines for the 2017 AWP. It also facilitated a better understanding of the roles and responsibilities of the different directors and heads of division and allowed TFPs to reaffirm their commitment to pursue and increase their support for UHC implementation.

Revision of the PSD-CMU was initiated during a national workshop and the following key stages were determined: (i) commission the consultant to prepare a draft incorporating the contributions of the workshop; (ii) organize meetings within the Agency to validate the document; and (iii) organize a meeting for the political validation of the UHC strategic plan under the chairmanship of the Minister of Health and Social Action.

Strengthening of technical capacities of stakeholders. This year, the Component continued to provide support for capacity-strengthening of stakeholders involved in UHC management through the revision of the training manual on the "characteristics and setting up of a mutual health organization" and the training manual on administrative and financial management, training/retraining of trainers and users, training

in administrative and financial management for MHO administrators, establishment of management systems, post-training monitoring of MHO administrators and equipment of MHOs with management tools and materials.

The training manual on the characteristics and setting up of an MHO was revised to integrate free healthcare initiatives. Subsequently, three training/retraining sessions for groups of trainers were organized under the coordination of regional social financing advisers. They were attended by 79 participants including 20 women from regional and departmental MHO federations, decentralized technical services (medical regions, health districts, SRAS, SDAS) and NGOs of the PSSCII Consortium. These trainers provided guidance to over seven hundred community-based actors whose information and awareness-raising activities reached over one hundred thousand people in the twelve intervention regions of the PSSCII Component.

The reason for the revision of the training manual on administrative and financial management was to take into account targeted subsidies for family welfare grant recipients. Following which the Component provided support for the organization of a national training of trainers' workshop on administrative and financial management based on the revised manual. About sixty (60) trainers were hence equipped to train MHO administrators throughout the country.

In addition to training on administrative and financial management, regional bureaus provided support during workshops to strengthen the capacities of MHO administrators on data collection tools, conditions for access to healthcare and on accounting and financial management. These activities helped to assess the level of functionality and management of MHOs and departmental MHO federations and to put in place computerized information systems. Regional bureaus also helped MHO federations to equip their members with management tools and materials (membership booklets, medical certificates, purchase orders, premium payment receipts) and to ensure collection of quarterly data on MHO activities. Certain MHOs, in particular those in large communes, also received support to prepare action plans for expanding their membership base and conducting advocacy actions targeted at their mayors.

- **EXTENSION OF HEALTH INSURANCE COVERAGE THROUGH MHO NETWORKS**

To progress towards the milestone "MHOs are functional in all local government units within the 10 focus departments", the Component, through the Kaolack, Kolda and Thiès regional bureaus, continued its support to implement the DECAM initiative in the ten (10) pilot departments of Kaolack, Kolda, Louga, Kaffrine, Goudomp, Ziguinchor, Fatick, Mbour, Mbacké and Rufisque, and provide advisory-support to MHOs and MHO networks in its other intervention zones.

DECAM implementation in the 12 pilot departments covered by the Component. Assistance provided by the Component, through regional bureaus, consisted mainly of technical and financial support for already established MHOs to conduct awareness-raising and premium collection campaigns in order to expand their membership base, support to organize quarterly meetings of departmental monitoring committees, support for MHOs and MHO federations to monitor implementation of agreements with providers, support to organize meetings of the various organs of MHOs and MHO federations, collection of quarterly data of MHOs, and the organization of sharing workshops.

The Kolda regional bureau thus provided support for the organization of a meeting of the Board of Directors of the departmental federation of MHOs in Kolda and the ordinary general assembly of the MHO of the Commune of Kolda, monitoring the implementation of agreements between the regional MHO federation of Ziguinchor and the Regional Hospital of Ziguinchor, and the convening of the coordination meeting of MHOs in the Ziguinchor region. The regional bureau also provided financial and technical support for the convening of general assembly meetings to elect new officials for the MHOs of the Goudomp and Bagadadji communes and the mapping of family welfare grant recipients per borough for their enrolment in MHOs.

The Kaolack regional bureau provided support for the organization of a meeting of the Board of Directors of the regional federation of MHOs in Kaolack, the renewal of health passports and membership booklets for

MHOs in the Department of Kaffrine, preparation of constitutive general assemblies of the departmental federations of MHOs in Fatick and Nioro and the joint supervision of MHO activities in the Kaolack and Kaffrine regions. The regional bureau also continued to provide technical assistance for the implementation of the DECAM approach in communes within the Department of Fatick with the establishment of MHO action committees in the communes of Diouroup, Diarrère and Ngayokhéme. It is worth noting that action committees were extended to include community-based relays and BGs with a strong involvement of ICPs and mayors in the implementation of the recruitment plan.

The Thiès regional bureau continued its support to the 21 MHOs in the Department of Louga to manage benefits as well as to prepare and implement awareness-raising and premium collection campaigns for 2016 at the village level. It provided specific support to the MHO of Gandé for the convening of a workshop to identify difficulties encountered and prepare a reactivation plan as well as to the MHO of Keur Momar Sarr for the organization of two sector-based general assembly meetings on the decentralized management of premium collection and provision of healthcare for beneficiaries. The regional bureau, also in the Department of Louga, facilitated the convening of a meeting to monitor agreements between MHOs and private pharmacies and a quarterly meeting of the Board of the departmental federation of MHOs in Louga.

In the extension departments of Mbacké, Mbour and Rufisque, the Thiès regional bureau provided support for the organization of statutory board meetings of district and departmental federations, the signing of new conventions, monitoring or evaluation of existing conventions, convening of general assemblies to share information and discuss monitoring activities, and the orientation of providers on the module "Basic characteristics of a mutual health organization". Support was also provided for the supervision of MHOs, the organization of workshops to assess and prepare reactivation plans, training of relays and *Badjenou Gox* to ensure greater involvement in awareness-raising and premium collection activities, organization of training sessions for CREMs, monitoring of the initiative regarding the enrolment of school children, and implementation of awareness-raising and premium collection activities at the village level which mobilized over 1233 people.

In the departments of Thiès and Tivaoune, the Thiès regional bureau provided support for the convening of general assemblies to restructure or set up MHOs as well as the organization of training sessions for CIM/CREM members on the modules "Characteristics and setting up of a mutual health organization" and "Administrative and financial management of a mutual health organization". The eleven MHOs of the ARLS network received support from the Thiès regional bureau for the organization of a workshop to monitor and plan priority activities for the end of the year.

Support in the Component's other intervention zones. The Thiès regional bureau provided support to the Department of Pikine in the organization of a workshop to assess the recruitment plan and prepare draft texts for the MHO of Pikine-Est and in the training of the MHO action committee of Yeumbeul Nord. It also provided support to the regional federation of MHOs in Dakar for the organization of its Board meeting. In the Department of Bambey, the annual general assembly meeting of the MHO of Ndem Meïssa and the training of action committee members of the Commune of Thiakhar on the module "Characteristics and restructuring of a mutual health organization" were also supported by the Thiès regional bureau.

The Kaolack regional bureau, in collaboration with the Oyofal Paj network, organized several activities to strengthen the management capacities of MHOs with the financial support of the Belgian NGO, "Solidarité Socialiste".

In all DECAM departments, regional bureaus provided support for the convening of general assemblies to restructure or set up MHOs as well as the organization of training sessions for MHO members on the modules "Characteristics and setting up of a mutual health organization" and "Administrative and financial management of a mutual health organization".

At the end of June 2016, a total of 706 109 individuals were enrolled in community-based MHOs, including MHOs in Khoungheul and Foundiougne. Among these beneficiaries, 368 825 had paid their premiums in full,

i.e. 52%. A total of 191 883 beneficiaries were vulnerable persons. 179 624 recipients of family welfare grants were enrolled and represent 94% of vulnerable persons.

Study on the sustainability of MHOs in the context of universal health coverage. The Component supported this study whose objective was to establish a reliable database on memberships and performances in premium collection, and obtain information on the structure of MHO expenditures and income as well as on the cashflow and financial sustainability of MHOs. The main findings of the study are detailed in the report which was validated at the technical level by key UHC stakeholders (UHC Agency, DGAS, locally-elected officials, representatives of the Ministry of Economy and Finance, General Delegation on Social Protection and National Solidarity, MHOs and TFPs). The findings provided the basis for discussions of the monitoring committee on adapting the basic parameters of MHOs and the allocation of government subsidies between MHOs and MHO federations with a view to scaling up the DECAM initiative. Furthermore, in light of the fact that the dissemination of results to implementation actors was highly recommended during the validation stage, the Component provided technical and financial assistance to the UHC Agency in the organization of decentralized sessions to present the study results. These sessions were organized in six of the eight departments covered by the study. The following recommendations were made: (i) inform and raise the awareness of populations on the importance and challenges of UHC to encourage more people to join MHOs; (ii) revise the coverage rate in light of the high cost of drugs with regard to the basic package; (iii) promote internal resources to avoid the dependence of MHOs on subsidies; (iv) include specialty drugs in the complementary package; (v) raise awareness among providers on giving priority to generic drugs when writing prescriptions; and (vi) establish a select committee in charge of monitoring the implementation of recommendations at the departmental level.

INCREASED ACCESS TO HEALTHCARE FOR VULNERABLE GROUPS

The Component continued its support for the implementation of the CMV+ strategy (formerly PLWHA) in the Kaolack, Kolda and Ziguinchor regions and the extension of this strategy to the Sédhiou region in collaboration with FHI360. The Component also provided support during Year 5 of the Program to other on-going local initiatives in focus regions providing healthcare coverage to poor people and vulnerable groups sponsored by philanthropists and monitored the initiative providing healthcare coverage for family welfare grant recipients through MHOs.

Implementation of the CMV+ strategy in the Kaolack, Kolda, Ziguinchor and Sédhiou regions. In Kaolack, the organization of two capacity-building sessions was supported for stakeholders in Nioro and Guinguinéo which were also attended by members of the national technical steering committee. The national data verification committee of the CMV+ strategy presented to the management unit the agreement protocol, the financing policy of income-generating activities and documents relating to the empowerment component. The final selection of projects proposed by PLWHAs was conducted.

Assistance was also provided in Kaolack to the mission in charge of developing the CMV+ monitoring and evaluation plan and this facilitated the conduct of a situational analysis and an inventory of data recorded since the start of the intervention. A training session on entrepreneurship and financial education for PLWHAs in Kaolack was also supported. This was the final stage prior the effective financing of income-generating activities selected by the technical selection committee and the technical team of Cauris. Female beneficiaries will be integrated into existing solidarity groups in their neighborhoods.

The Kolda regional bureau participated in a technical support mission of the CNP in the Kolda Ziguinchor and Sédhiou regions to monitor and control the management process as well as to select income-generating projects for submission to the micro-finance institution. Technical meetings to validate targeted surveys of vulnerable groups highlighted an increase in the enrolment of PLWHAs in Ziguinchor and Kolda. Furthermore, the Component also provided support for the organization of a CRD meeting to launch the CMV+ strategy as well as the first training session on confidentiality management for technical stakeholders and partners involved in the CMV+ project, in preparation for the healthcare and economic management of PLWHAs through the FGS.

Meetings of the regional management committees (CRGs) of Sédhiou, Kolda, Ziguinchor and Kaolack were also supported by the Component and allowed the various stakeholders to discuss the level of progress of CMV+ activities, the communication plan and the monitoring and evaluation plan, to make recommendations and identify the next steps. The key recommendation of the CRG meeting in Kaolack was the organization of a regional forum accompanied by a telethon to mobilize resources for the FGS. The advocacy forum, held on 30 May 2016 under the chairmanship of the Governor, mobilized 216 000 CFA francs in addition to the One million CFA francs awarded by the company SALIN of Kaolack and pledges in the amount of 702 000 CFA francs were recorded from individuals and service providers. Recommendations were made to encourage membership of PLWHAs in MHOs with the contribution of the private sector and philanthropists.

Assistance to other local initiatives in support of poor people and vulnerable groups. The three regional bureaus continued to support initiatives on healthcare coverage for poor and vulnerable groups through MHOs.

The Thiès regional bureau provided support to monitor the coverage of 632 sponsored children in the Yombal Fajju ak Wér MHO, 420 talibés enrolled in the Koranic school MHO in Thiès, and 532 refugees enrolled in the Al Birou wa Takhwa MHO in Guediawaye-Pikine. The Thiès regional bureau also continued its support in the Department of Rufisque to monitor implementation of the partnership between the association Pencum Ndakarou and the MHO of Sebikotane based on which 4,500 children were enrolled, as well as initiatives for the healthcare coverage of 1,000 and 990 poor people by the Commune of Sangalkam and the Commune of Rufisque respectively. The regional bureau also provided technical assistance to the Commune of Bambylor and the Departmental Council of Rufisque to effectively implement their decision to enroll 1,000 poor people in 2016. In the Department of Louga, the regional bureau provided support to the Commune of Syer for the healthcare coverage of 300 poor people and 300 children from the SOS Children's Village through the MHO of Keur Serigne Louga-Est.

The Kolda regional bureau contributed to the process of enrolling 150 talibés and Koranic teachers in three MHOs in the departments of Kolda (Bagadadji), Ziguinchor (Commune of Ziguinchor) and Goudomp (Simbandi Balante) in collaboration with social action departmental services.

Healthcare coverage for family welfare grant recipients through MHOs. The three regional bureaus provided technical assistance to regional federations in the organization of official ceremonies for the signing of agreements and allocation of targeted subsidies for family welfare grant recipients between umbrella organizations and MHOs. The regional bureaus also provided support to monitor their effective coverage through MHOs. They continued their support to regional and departmental federations to prepare and monitor subsidy requests for FY2016 and the enrolment of family welfare grant recipients of 2014 and 2015 in MHOs.

Implementation of these various initiatives providing healthcare coverage for family welfare grant recipients, with the financial support of the Government, contributes to increasing access to essential healthcare services for the most vulnerable populations and protecting them from catastrophic health expenditures. The number of persons covered through these mechanisms has increased from 132,354 to 179,624 during Year 5 (i.e. a 36% annual increase) and the proportion of such beneficiaries covered by MHOs in focus regions has risen from 16% to 27%.

3.2.2 Implementation analysis

All planned activities have been carried out except for the study on sustainable financing strategies for UHC. However, a Senegalese delegation comprising the Chief of Staff of the MOH, the DPRS, the Health Adviser to the Prime Minister, the Director of IPMs and representatives of the UHC Agency, the national federation of MHOs and the CTB participated in Accra, with the support of the Component, in a peer-to-peer learning workshop on financial protection and improved access to healthcare: finding solutions to common challenges.

Participants were able to deepen their knowledge and understanding of practical health financing concepts and discuss promising solutions to common challenges, focusing on how to grow and use financial resources to increase financial protection, improve equitable access to priority health services, and achieve financial sustainability in a UHC context

It shall be noted that only the UHC Steering Committee meeting was held among the planned meetings of UHC consultation frameworks.

All milestones were reached and sometimes exceeded. Over 150 MHOs have received subsidies from the Government to expand their benefits package, MHOs are being established or reactivated in local government units in 12 departments instead of 3 as initially planned, healthcare coverage for vulnerable groups through MHOs is effective in more than 60 MHOs with the on-going enrolment of household members of family welfare grant recipients in all intervention regions and of PLWHAs in the four (4) targeted regions.

3.2.3 Challenges, Opportunities and Prospects

The mobilization of subsidies for MHOs on a regular basis was a challenge for UHC. The Component provided support to regional MHO federations in the preparation of their subsidy requests and to the UHC Agency in advocacy and recruitment of qualified human resources at the central level. Furthermore, it will help monitor implementation of recommendation of the study on the financial sustainability of MHOs, moderate discussion and exchange forums on UHC at the central and local levels and monitor the regular allocation of partial and targeted subsidies to MHOs.

A good management of resources is also a challenge. Updating of the training manual on administrative and financial management as well as training/retraining of trainers and users, training of MHO administrators on the administrative and financial management of MHOs, and equipping MHOs with management tools and materials will contribute to improving the management of subsidies.

3.3 Achievements of sub-component C

3.3.1 Key results

POLICY DEVELOPMENT, IMPLEMENTATION AND MONITORING

Community health policy. The Component provided technical assistance to the Community Health Unit (CSC) for the orientation of locally-elected officials on UHC during a workshop on the community health national strategic plan, the role and responsibilities of elected officials pursuant to the 3rd phase of the Decentralization Act, UHC, the health map, health planning (PNDS, AWP and POCL) and health governance indicators. Recommendations adopted at this workshop include the identification of health infrastructure needs in local government units, establishment of community health coordination bodies, integration of community health in good health governance indicators, implementation, at the level of health huts, of the free healthcare initiative for children under 5 years, organization of decentralized meetings on UHC for locally-elected officials, implementation of a capacity-building program for locally-elected officials, health technicians and other local stakeholders in light of their roles and responsibilities in the health sector as provided for in the new General Code for Local Authorities.

The Component also helped the Community Health Unit prepare its draft 2017 AWP and organize the semi-annual review of community health interventions of NGOs. Ensuring coordination and synergy of actions under the leadership of chief regional and district medical officers was the key challenge. A strong recommendation was made to strengthen this leadership and create the conditions for the harmonization of interventions with the development of a single reference guide.

The Component provided technical support for the convening of the first meeting of the Community Health steering committee to assess 2015 activities of SANTECOM. These include the establishment of the Steering Committee and coordination committees, the designation of SANTECOM focal points at the central and regional levels and the preparation of reference documents such as: the community-based model for community health management, the guide on the management of monthly coordination meetings at health posts, the ASC training manual, the PSNSC monitoring and evaluation plan, the ASC supervision guide for qualified personnel, the framework document on community health standards and procedures, and the framework document on mechanisms to motivate ASCs. The integration of these different documents into one guide on community health management was highly recommended to the CSC.

At the technical level, a low rate of implementation of regional community health action plans was noted; only partial data is available at the CSC. However, according to the CSC, the SAFI project contributed to improving the utilization of FP services in the four districts in the Matam region (Kanel, Matam, Ranérou and Thilogne), and the number of new FP users has increased from 8 307 to 12 568 between 2014 and 2015, i.e. an increase of 51% in one year.

The Component also provided support to develop a procedures manual for projects managed by the DGS including the roving midwives project.

Drug policy. The Component, through PATH, provided assistance to the PNA for the recruitment of a consultant to evaluate the distribution strategies "PRA mobile" and "Jegesi Naa" prior to embarking on the third phase "Yeksi Naa[2]". The consulting firm in charge of conducting the evaluation submitted its report in April 2016 and a presentation workshop was organized on June 30, 2016. The evaluation concluded that "PRA mobile" will phase out, "Jegesi Naa" will be scaled up and will then shift to "Yeksi Naa" bringing prescription drugs even closer to the user. However, operational research must be conducted to assess feasibility.

Within the framework of support to the PNA, the Component had also planned to provide support for the organization of a national workshop on the impact of free healthcare initiatives on the availability of drugs at service delivery points. This activity was not conducted despite the involvement of the DGS and the UHC Agency.

Assistance to the DPM for the development of the therapeutic equivalence register was completed with the organization of the final workshop on December 4, 2015. The first edition will include all therapeutic categories.
Furthermore, during this period, the Component initiated support to strengthen the institutional capacities of the DPM and PNA. A consultant was recruited to assist the DPM in the formulation of its strategic plan and the PNA to revise its statutes. Also, the Component initiated the process to facilitate a study tour of the DPM and PNA to Benin and Côte d'Ivoire for experience sharing.

Repositioning family planning. Within the context of monitoring implementation of the Abt-ADEMAS-FHI360 synergy plan, the regional supervision mission organized in November 2015 by Groupe ISSA identified the need to strengthen FP and maternal health advocacy at the regional level. A request for support from the RPPD for the establishment of a national day against maternal mortality resulted in the joint organization of 3 regional forums (Matam, Tambacounda and Kédougou) with the financial support of CHILDFUND and ADEMAS, and 3 inter-regional forums in Bignona for those in the South, Kaolack for those in the Center and St. Louis for the North with the financial support of Intrahealth. In addition to these forums, 9 special CRD meetings on advocacy for FP were organized and 10 regional FP advocacy plans prepared. The rate of implementation of these plans was 100% for the Ziguinchor and Kaolack medical regions, 75% of the Sédhiou medical region, 25% for the Thiès and Kaffrine medical regions, 20% for the

[2] Wolof word meaning "I have arrived".

Fatick medical region and 10% for the Diourbel medical region. Plans of the Dakar, Kolda and Louga medical regions are yet to be validated.

PNLP. The Component provided support for the development a new strategic plan to fight against malaria taking into consideration recommendations of the PNLP audit, in particular the strengthening of management capacities at the central level and the establishment of three PNLP Forward Units at the regional level for a more effective decentralization in the management of the program. The Component, through PATH, also provided assistance in the preparation of quarterly reports on malaria products.

SNEIPS strategic plan. The Component assisted SNEIPS in the finalization of the national strategic plan for health promotion. A workshop was organized to review the content and structure of the plan and a select committee established to finalize the document. Abt made available its premises to this committee including all required logistical means, and the final version was produced after a week.

Revision of the health map. The Component continued its support to revise the health map through the organization of workshops on standardization followed by the presentation and validation of products of the different working groups. The draft decree on the 2016-2020 health map was finalized and introduced in the circuit for approval. In parallel, selected standards were shared with the regions (11 out of 14 CRD meetings already held) to identify gaps in terms of infrastructure, equipment and personnel at the regional level. The MOH plans to put in place an appropriate institutional framework to ensure the management and monitoring of the health map.

- **BUDGET ALLOCATION AND EXPENDITURE MONITORING**

Planning and budget. The Component provided support for the revision of MOH planning tools through a workshop to develop the results framework based on guidelines contained in the PSE and DPPD, two workshops on revising outputs of central services, EPS', medical regions and health districts, and the overall revision of the Operational Planning Guide initiated with the assistance of Lux Dev. The revised Guide will be submitted to the Office of the Minister of Health for validation prior to being published and distributed. New MOH planning tools were utilized to develop 2017 AWPs.

The Component also helped the DPRS prepare the DPPD 2015 performance report for which two workshops were held during the second fortnight of March 2016. The budget portion of this report was drawn from the DAGE's financial implementation report which was also prepared with the support of the Component.

Budget allocation criteria. In September 2015, the process of developing resource allocation criteria was restarted with the signing of Ministerial Order 018868/MSAS/DAGE/DPSB on the establishment of the Steering Committee. The Component is represented in the "Administration" and "District" groups. The final report was produced with the assistance of the Component.

Budget implementation reports. Technical support from the Component enabled the DAGE to produce its budget implementation report for the third and fourth quarters of 2015 and the first quarter of 2016 as well as the annual financial report for 2015. The Component also provided financial support for the continued training of management staff on the new budget classification and new regulations in relation to the DPPD within the context of budgetary and financial reforms.

3.3.2 Implementation analysis.

All planned activities were supported other than the workshop on the revision of the strategic plan on traditional medicine, strengthening prevention in the context of the Ebola virus, and preparation of a strategic plan for developing the delivery of surgical care. However, all milestones were reached because other policy initiatives were supported such as the revision of the health map, development of the equivalence register and development resource allocation criteria. Other accomplishments included the development of the orientation paper on mechanisms for motivating ACS' and the new strategic plan to combat malaria which takes into account recommendations of the PNLP audit.

3.3.3 Challenges, Opportunities and Prospects

The major challenge in FY 2016 was ensuring entry into effect of the DPPD in January 2017 and strengthening the supply chain for essential drugs and products. The planning cycle of the MOH was thus revised as well as the planning tools and the DPPD architecture. The new tools were utilized to develop AWPs for 2017. Resource allocation criteria were also developed to enhance the effectiveness of healthcare spending.

The Component further pursued its assistance to the PNA in monitoring implementation of its 2014-2018 strategic plan and assessing the "PRA mobile" and "Jegesi Naa" initiatives. It also provided the DPM with support to develop and implement a policy on medicines and pharmaceuticals, particularly through the development of the therapeutic equivalence guide.

3.4 Achievements of sub-component D

3.4.1 Key results

- **COORDINATION**

Inter-agency coordination. During this fifth year, inter-agency coordination was effective with the convening of one meeting and the preparation of close-out ceremonies of the Health Program.

The inter-agency meeting was organized on Wednesday 25 November, 2015 at the offices of the CPS Component implemented by ADEMAS. Agenda items discussed include, inter alia, the close-out plan of regional bureaus and the organization of a joint event to mark the end of the Health Program. During this meeting, CAs and USAID decided on the organization of a joint event to close-out the 2011-2016 Health Program and on the establishment of a technical committee in preparation of this event.

The close-out plan of regional bureaus was shared and its implementation commenced with the gradual departure of staff of regional bureaus between June 30, 2016 and the end of August 2016, presentation of the results of the USAID Health Program in the regions covered, inventory of equipment, archiving of physical and electronic documents, closing of accounts, preparation of financial reports and termination of contracts.

Coordination between presentations to be made by regional bureaus and the close-out of the 2011-2016 Health Program was also ensured by the preparatory technical committee. Meetings and workshops were thus organized by the Committee and regional bureaus during the six to seven months preceding the presentation of results by regional bureaus organized in May 2016 in Saly and the closing ceremony of the Program held on June 2, 2016. All Components participated in these activities.

Health Program's integrated action plan. Preparation of the 2016 integrated action plan was carried out in December 2015. Action plans of components were reviewed at this workshop, the format of the integrated action plan revised based on changes in the objectives of the PNDS, key achievements of 2015

selected according to milestones of the integrated plan and PNDS objectives, key activities for 2016 identified based on USAID guidelines and PNDS objectives as well as inter-agency synergy needs. The schedule of activities was also prepared. The first version of the 2016 integrated action plan was prepared with the participation of all components. The schedule of activities and chapters on "Synergy" and "Budget" were completed and the revised document submitted to USAID on December 30, 2015.

Steering Committee of the Health Program. Two meetings were held during the year. The first was held in January 2016. The national community health strategic plan, the strategy on ensuring the sustainability of supervision of health huts, TutoratPlus, SEDA, PBF and FARA were assessed and prospects of the USAID Health Program presented. The second meeting was held on June 22, 2016 at the King Fahd Palace and focused on the state of implementation of recommendations of the previous meeting, recommendations relating to themes discussed during the closing ceremony of the 2011-2016 Health Program and the coordination and monitoring framework of the USAID 2016-2021 Health Program.

Regional bureaus of the Health Program. The weekly and quarterly coordination meetings of regional bureaus were organized on a regular basis. Implementation of Program activities was monitored and constraints as well as bottlenecks identified. Specific themes were often discussed at quarterly meetings including the roving midwives' strategy, performance-based financing, universal health coverage, and direct financing of the USAID Health Program. Quarterly activity reports of regional bureaus were also finalized at these meetings and action plans discussed. Regional bureaus also implemented their planned close-out activities.

- **MONITORING/EVALUATION**

Coordination meetings of the Component. The Component organized eight coordination meetings between October 2015 and June 2016 to monitor its activities, ensure a successful preparation of its key activities and prepare its reports.

Activity reports of the Component submitted to USAID. The fourth quarterly report and annual report for Year 4 as well as the first three quarterly reports for Year 5 were prepared with contributions from regional bureaus, advisers and the administrative and financial officer and submitted to USAID. Progress made towards reaching milestones was hence measured through the four sub-components on a regular basis. Difficulties faced during implementation of activities were also identified in each report and the financial situation of the Component presented. The annual report was also prepared and included the table of indicators.

In addition, four success stories and technical briefs on governance, UHC, DF and PBF were prepared in collaboration with experts of Abt Associates as well as a brochure summarizing the achievements of the HSS Component in the five years of project implementation. All of these documents were presented at the exposition organized within the framework of the close-out ceremony of the Health Program in June 2016.

Database and archiving of Component documents. All key documents relating to the implementation of interventions were properly archived. Activities concerning the action plan for Year 5 were recorded except for the month of June.

3.4.2 Implementation analysis

Aside from data collection which was deemed irrelevant this year, all planned activities were carried out and three milestones reached. Periodic activity reports were all prepared and submitted to USAID, albeit slight delays were noted at times. Four (4) success stories were prepared and improved with the support of head office. All of these documents were disseminated at the close-out ceremony of the Health Program.

3.4.3 Challenges, Opportunities and Prospects

Delays in updating the Component's database system were absorbed. Only the month of June is outstanding.

4 Cross-cutting issues

4.1 GENDER MAINSTREAMING

Implementation of the initiative providing healthcare insurance to family welfare grant recipients has commenced with the enrolment in MHOs of beneficiary households for FY 2014. This initiative will facilitate access for many more of the poorest families, and especially women, to maternal and child health services, family planning services and products, and will help protect their income against financial risks associated with catastrophic health expenditures. The participation of men and women in the implementation process of interventions supported by the Component has also been enhanced with the scaling up of the DECAM approach in all departments countrywide. Women represent 25% of the pool of regional trainers who led the process of establishing MHO action committees and they account, on average, for 44% of CREM members. Women also accounted for nearly 60% of ACS' trained on UHC in the four districts and between 34% and 51% of participants at initial general assembly meetings of new MHOs in the departments of Fatick and Nioro. Furthermore, efforts were made by MHOs to make available gender-based information. Women account for 48 to 55% of people covered by MHOs in the Kolda, Ziguinchor and Sédhiou regions

4.2 COMPLIANCE WITH ENVIRONMENTAL REGULATIONS

Prior to the approval of our contract, the initial environmental evaluation of USAID/Senegal's Health Program was approved by Bureau Environmental Officers in Washington D.C. It was determined that all intermediate results of the Program qualified for categorical exclusion with the exception of those concerning the supply of nets and residual spraying – which do not involve the Component.

4.3 COMPLIANCE WITH FAMILY PLANNING LEGISLATION AND POLICY REQUIREMENTS

The HSS Component did not conduct specific activity in this area during Year 5.

5 LESSONS LEARNED

- **Management and health system at the local level**

Though utilization of the ORCAP tool is relevant for the definition of AWP priorities, the commitment of health management teams is a determining factor for its successful implementation. The DPRS should also renew its commitment to ensure adoption of this tool in the MOH planning process and its application in all regions and districts prior to the development of AWPs.

In terms of direct financing, the definition of eligible activities should take into consideration an increased effectiveness of investments made. Furthermore, the establishment of a computerized management tool in health centers in the Thiès region enabled health facilities concerned to increase their revenue by 3 or 4 times, thereby boosting their internal capacities to motivate staff and improve the quality of services and healthcare. Also, enhanced monitoring and regular payments of direct financing amounts significantly contributed to increasing the implementation rates of annual work plans of beneficiary medical regions and health districts.

- **Social financing mechanisms**

Technical assistance provided by the HSS Component during the extension phase of the DECAM approach countrywide facilitated the mobilization of significant financial resources from the UHC Agency and other technical partners, particularly the World Bank. Furthermore, the Component's contribution in the implementation of the UHC Agency's 2016 AWP helped to better adapt needs and ensure synergy between interventions of the various technical and financial partners as part of efforts to extend the DECAM approach to the entire country. The technical assistance provided by the Component for the establishment of MHOs in newly enrolled departments also facilitated the harmonization of mechanisms and tools utilized.

- **Policies and reforms**

Putting the concerns of the MOH at the forefront of our interventions, while allowing it to take the lead, is the key to the success achieved by the Component. In order to be effective, assistance must always consist of concerted technical and financial support. However, the most important factor in the success of a large-scale reform such as the entry into effect of program budgets in January 2017 is the clear political will demonstrated by the Government.

Moreover, a reform process must be continuous and iterative. Inasmuch as on-going initiatives such as the DPPD were monitored, new initiatives such as the HSS platform, the national health financing strategy and the policy on ageing should also be carefully monitored.

- **Coordination and Monitoring/Evaluation**

When stakeholders join efforts to reach the same objectives, as was the case for the organization of closing ceremonies of the project, success is guaranteed.

6 PROSPECTS FOR SUSTAINABILITY

The last quarter of Year 5 is the final activity implementation period of the 2011-2016 Health Program. Accomplishments were shared during close-out ceremonies organized at the regional and national levels as well as lessons learned and prospects determined for the various initiatives implemented by the Component. The 2016-2021 Health Program was also finalized during this year and includes prospects for these initiatives. Abt, which will be implementing the HSS Plus Component of the new Health Program, has proposed strategies in these various fields.

- **Performance-based financing**

Under the sub-objective "Improved implementation of performance-based financing in six regions", Abt will provide technical assistance to PBF stakeholders at the central, regional, district and community level by capitalizing on results obtained under the previous Health Program.

- **Direct financing**

With regard to Objective 4, the Abt team will provide fixed amount awards (SMF) to at least six out seven consolidation regions.

- **DECAM approach**

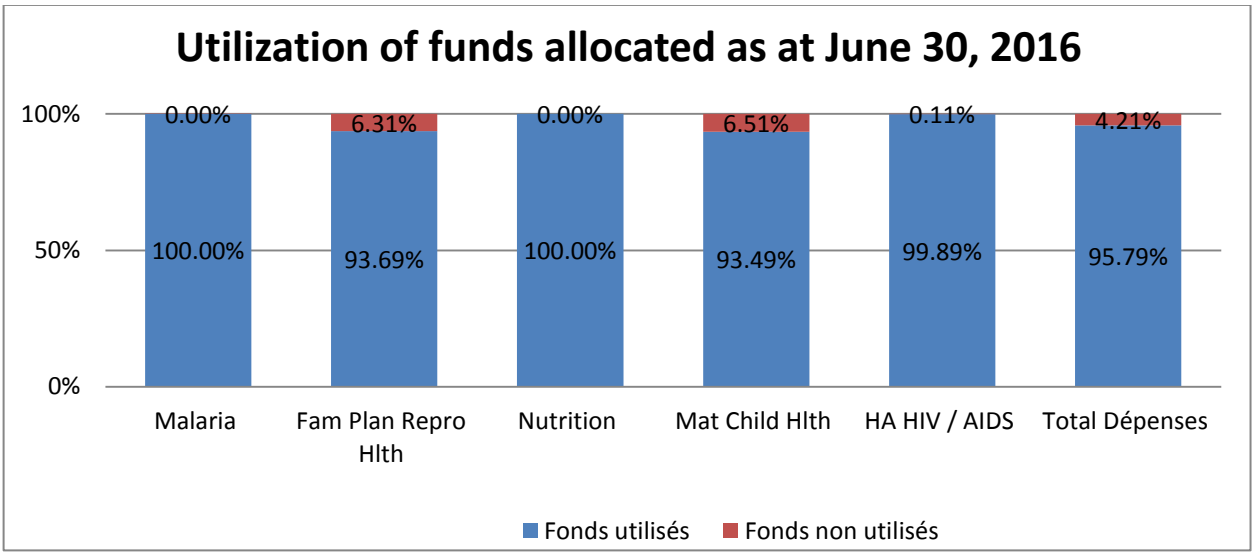
The panel on DECAM recommended, inter alia, the adoption of a law on universal health coverage to ensure sustainability of the approach, and the UHC Agency has already commenced DECAM implementation in all departments throughout the country.

- **Policies and reforms**

Under sub-objective 1.1 of the 2011-2016 Health Program "Improved governance to end preventable maternal and child deaths", Abt intends to strengthen health governance and financing in Senegal by helping MOH central services develop fundamental strategies and policies and support implementation at the central and decentralized levels. It will support long-term strategic planning, the multi-year expenditure programming document (DPPD), reactivate the Health Policy Initiatives Team (EIPS), support implementation of the national community health strategic plan as well as the development, implementation and monitoring of the health map and other health policy reforms.

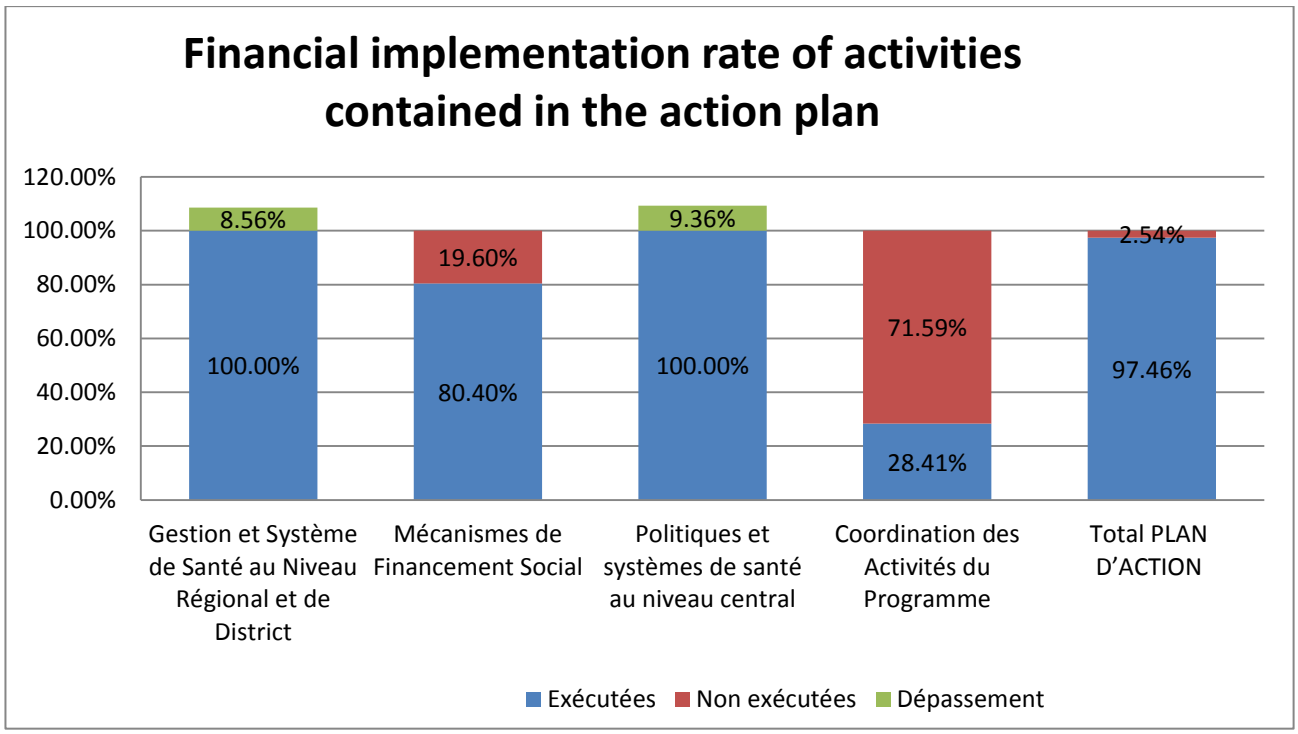
7 PROJECT MANAGEMENT AND ADMINISTRATION

Total expenditures of the HSS Component at the end of June 2016 stood at US$ 24 739 187 dollars out of a total budget of US$ 25 827 514 i.e. an overall execution rate of 96%. This rate is reflected across all financing sources also rated at over 90% in terms of spending.



The financial execution rate of the HSS Component's action plan is 97.46%, representing an increase of 21 points in comparison to the last quarter. This increase is reflected in all activity areas, particularly in the sub-components on health policies and systems at the regional and district level.

In accordance with the close-out plan, the HSS Component submitted the list of inventoried equipment to USAID including a proposal for distribution. The activities of the HSS Component were all terminated including all local sub-contracts. Moreover, employment contracts of all technical staff and most administrative staff were terminated at the end of June 2016 in compliance with prevailing rules and regulations.


Financial implementation rate of activities contained in the action plan
120.00%
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
8.56%
100.00%
19.60%
80.40%
9.36%
100.00%
71.59%
28.41%
2.54%
97.46%
Gestion et Système de Santé au Niveau Régional et de District
Mécanismes de Financement Social
Politiques et systèmes de santé au niveau central
Coordination des Activités du Programme
Total PLAN D'ACTION
Exécutées
Non exécutées
Dépassement

ATTACHMENT 1: PROGRESS ON THE ACTION PLAN/INDICATORS

TABLE 1: INDICATOR TABLE

#	Indicator	Disaggregated by	Fiscal year 2015	2016 Fiscal year					Performance	Observations
				Target 2016 Fiscal year	Status Q1	Status Q2	Status Q3	Status Q4		
1	Proportion of health districts where the functions of DMO and those of the chief medical officer at the health center are separated	Region	60%	100 %	NA	NA	NA		82%	**This relates to progress made between 2014 and 2015.**
2	Proportion of Service Delivery Points (SDP) that have displayed the cost of medicines and services	District	85%	95%	NA	NA	NA		16%	**Idem**
3	Proportion of health districts with a technical execution rate of AWPs ≥ 80%	Region	**51,9%**	100 %	NA	NA	NA		4%	**Idem**
4	Number of medical regions that have organized a high quality JPR	Region	90 %	100 %	NA	80%	NA			
5	Proportion of verification reports received by CRGs	Region	100%	100%	100%	0	100%		-	

#	Indicator	Disaggregated by	Fiscal year 2015	2016 Fiscal year					Performance	Observations
				Target 2016 Fiscal year	Status Q1	Status Q2	Status Q3	Status Q4		
6 A	Proportion of reimbursement requests received by the PBF national program	District	100%	100%	100%	0%	0%		-	***The verification mission was conducted during the third quarter but data reconciliation was not carried out.***
6 B	Proportion of payment requests submitted to the Component	-								***The Component was not in charge of payments this year.***
6 C	Number of payments received by beneficiaries that have signed PBF contracts	-	479	460	131	0	0		-	**All payments are yet to be made.**
7	Number of health districts involved in performance-based financing	-	16	16	16	16	16		-	
8	Number of MHOs that received public subsidies following the establishment of mechanisms by the government	Region	165	150	165	180	180			
9	Number of beneficiaries covered by community-based MHOs	Region	566551	570 000	566258	675581	706109		25%	

#	Indicator	Disaggregated by	Fiscal year 2015	2016 Fiscal year					Performance	Observations
				Target 2016 Fiscal year	Status Q1	Status Q2	Status Q3	Status Q4		
10	Number of vulnerable persons covered through MHOs with the support of a third-party payer	Region	150210	200 000	153551	170384	191883		28%	
	Number of policy papers approved and regulatory acts adopted for implementation of policy initiatives developed by the EIPS	-	2	2	0	1	1		-	
12	Health sector budget as a percentage of the national budget	-		15,0%	-	-	-	-	-	
13	Deadline for production of the performance report of the health sector MTEF for year n-1 is met (May)		Yes	Yes	NA	Yes	NA			
14	Amount allocated (in CFA francs) to districts and medical regions by Program components through the direct financing mechanism		999990715	500000000	153212833	390435087	176218952	**417924138**	-16%	**The rate of implementation is lower but implementation periods are different and amounts likewise.**
15	Amount allocated (in CFA francs) to		216843871	0	0	0	0			**Payment of PBF bonuses is no longer made through**

#	Indicator	Disaggregated by	Fiscal year 2015	2016 Fiscal year					Performance	Observations
				Target 2016 Fiscal year	Status Q1	Status Q2	Status Q3	Status Q4		
	districts, medical regions and EPS' by Program components through the PBF mechanism for the payment of bonuses									**the Component. It is done by the PNFBR in compliance with World Bank procedures.**
16	Proportion of progress reports of the Component prepared within the required time-limit	-		100%	100%	100%	100%		-	**The second quarterly report was submitted to USAID on May 9, 2016.**

ATTACHMENT 2: FINANCIAL REPORT OF THE COMPONENT'S ACTION PLAN

TABLE I: BUDGET IMPLEMENTATION PER LINE OF ACTION

Annual action plan of the Health System Strengthening Component		Quarter 3				Cumulative total for current FY
Line of action	**BUDGET CFA F**	**Apr-16**	**May-16**	**June-16**	**Total for quarter**	
Sub-Component A: Management and health systems at regional and district levels						
Stakeholders at medical regions and health districts are trained on leadership and re-trained on governance in ten (10) regions	27 902 500	126 000	-	-	126 000	5 187 750
Consultation frameworks (Health-TFP-Local government unit and other health sector stakeholders) are functional in ten (10) regions	4 000 000	-	-	450 000	450 000	529 834
Support provided to ten (10) medical regions for the development of AWPs	22 850 000	1 347 800	331 666	198 000	1 877 466	21 236 625
Annual joint portfolio reviews are held in all focus regions	9 750 000	751 875	257 716	1 254 016	2 263 607	7 057 074
Annual financial reports are prepared by the medical region and districts in 10 regions	15 800 000	1 762 050	923 750	207 500	2 893 300	9 652 700
DF implementation letters are signed with six (6) medical regions	515 420 000	1 418 920	11 235 902	3 732 300	16 387 122	589 362 098
PBF mechanisms are implemented in at least sixteen (16) health districts with contributions from financing sources other than USAID	25 500 000	-	3 275 200	2 907 800	6 183 000	40 384 976
Payments owing to PBF project beneficiaries are made on time	-	138 000	370 900	-	508 900	974 300
TOTAL SUB-COMPONENT A: Management and health system at regional and district levels	**621 222 500**	**5 544 645**	**16 395 134**	**8 749 616**	**30 689 395**	**674 385 357**

Annual action plan of the Health System Strengthening Component		Quarter 3				Cumulative total for current FY
Line of action	**BUDGET CFA F**	**Apr-16**	**May-16**	**June-16**	**Total for quarter**	
Sub-Component B: Social financing mechanisms						
An institutional framework for support to social insurance bodies adapted to the UEMOA regulation is set up	41 000 000	-	-	1 441 350	1 441 350	13 171 945
At least one hundred and fifty (150) MHOs receive subsidies for the expansion of their benefits packages through the national solidarity fund for healthcare/equivalent subsidization system	2 000 000	-	-	-	-	1 506 405
MHOs are operational in all local government units in fifteen (15) focus departments	56 500 000	8 190 850	5 509 500	11 967 300	25 667 650	74 064 316
A risk-pooling mechanism is developed to share large risks and professionalize risk-management in each of the fifteen (15) focus departments	9 500 000	-	-	-	-	2 982 600
Implementation of a study on the viability of MHOs	5 000 000	53 350	-	1 019 850	1 073 200	9 734 505
MHOs and MHO networks in the entire intervention zone of the Component are functional	10 000 000	280 000	-	759 650	1 039 650	7 149 150
PLWHA support project is extended to four (4) regions	19 000 000	926 800	425 385	4 676 050	6 028 235	9 920 182
Health insurance, through MHOs, is effectively provided to vulnerable groups in at least fifty (60) MHOs	7 000 000	-	-	-	-	2 077 690
TOTAL SUB-COMPONENT B: Social financing mechanisms	**150 000 000**	**9 451 000**	**5 934 885**	**19 864 200**	**35 250 085**	**120 606 793**
Sub-component C: National level health policies and systems						
At least one (1) policy initiative in the maternal and newborn health, family planning, child health, malaria, HIV/AIDS	25 000 000	1 386 000	-	191 905	1 577 905	5 461 005

Annual action plan of the Health System Strengthening Component		Quarter 3				Cumulative total for current FY
Line of action	**BUDGET CFA F**	**Apr-16**	**May-16**	**June-16**	**Total for quarter**	
and tuberculosis areas is supported						
At least one (1) policy initiative for health system strengthening is supported	10 000 000	96 000	-	-	96 000	16 629 294
The strategic development plan of the PNA is supported	35 000 000	-	-	-	-	10 120 200
FP advocacy is extended to the national and regional levels	5 000 000	-	-	-	-	16 544 450
2017_ 2019 DPPD prepared on schedule	7 000 000	-	-	-	-	31 714 174
The 2015 DPPD performance report is delivered within the required time-limit	7 000 000	735 000	-	-	735 000	1 331 000
The annual financial report of DAGE is prepared within the required time-limit	11 000 000	-	-	-	-	27 555 050
TOTAL SUB-COMPONENT C: National level health policies and systems	**100 000 000**	**2 217 000**	**-**	**191 905**	**2 408 905**	**109 355 173**
Activity area D: Coordination						
The Health Program's Steering Committee meetings are held as scheduled	2 000 000	-	-	1 266 100	1 266 100	2 288 644
At least two inter-agency synergy plans are implemented with USAID agencies	-	-	-	-	-	2 569 600
Periodic reports are prepared (quarterly reports and annual report)	20 500 000	525 000	196 720	-	721 720	2 068 399
Four (4) success stories are produced	6 500 000	-	-	-	-	-
End of project report produced and disseminated	51 000 000	117 750	10 620 282	4 868 820	15 606 852	15 802 410

Annual action plan of the Health System Strengthening Component		Quarter 3				Cumulative total for current FY
Line of action	BUDGET CFA F	Apr-16	May-16	June-16	Total for quarter	
TOTAL ACTIVITY AREA D: COORDINATION	80 000 000	642 750	10 817 002	6 134 920	17 594 672	22 729 053
Total action plan	951 222 500	17 855 395	33 147 021	34 940 641	85 943 057	927 076 376

TABLE 2: BUDGET EXECUTION PER FUNDING SOURCE

Line of action	BUDGET in $	Expended funds in $	Unexpended funds in $	Expended funds in $	Unexpended funds in $
Malaria	6 310 000	6 309 924	76	100,00%	0,00%
Fam Plan Repro Hlth	11 083 780	10 384 209	699 571	93,69%	6,31%
Nutrition	2 286 652	2 286 652	-	100,00%	0,00%
Mat Child Hlth	5 964 594	5 576 115	388 479	93,49%	6,51%
HA HIV / AIDS	182 488	182 287	201	99,89%	0,11%
Total expenditures	25 827 514	24 739 187	1 088 328	95,79%	4,21%